Title

Database Inaccuracies and Disparities in Care Among Homeless Adults Hospitalized for Cardiovascular Conditions.

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Title: Database Inaccuracies and Disparities in Care Among Homeless Adults Hospitalized for Cardiovascular Conditions

Disparities in Care and Mortality Among Homeless Adults Hospitalized for Cardiovascular Conditions – Reply

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In Reply In a recent issue of *JAMA Internal Medicine*, Wadhera[1] et al. reported that hospitalized adults experiencing homelessness are less likely than those who were not homeless to undergo indicated cardiovascular interventions, including coronary angiography, percutaneous coronary intervention, and coronary artery bypass graft. Those who were homeless experienced higher mortality rates. Their study adds to the literature on poor health outcomes in homeless populations[2] by demonstrating that disparities may, in part, be due to disparities in care provided to hospitalized patients.

We would like to highlight a key finding in this report, specifically the observation that 38.6% of the homeless individuals in the analysis were Black. This corresponds to a striking 3-4 fold overrepresentation of Black Americans in the homeless population. The authors accounted for race/ethnicity in their risk-standardized statistical model, suggesting that this demographic factor may not fully explain the observed disparities. The authors note that the differences in care may be due to clinicians' consideration of limited access to post-intervention care and clinicians' stigmatized belief about homelessness. Prior research has demonstrated that

the same clinician-level factors explain some of the observed racial disparities in cardiovascular care[3] raising concern for unmeasured racial bias as a key driver of the observed homeless disparities.[4]

The authors' findings warrant an urgent change in hospital policies to ensure that individuals receive the same standard of care regardless of their housing status or racial identity, particularly in institutions that predominantly care for underserved populations. We suggest that state and federal policies should address clinicians' concerns related to cost-related adherence that ultimately limit the care that clinicians offer to homeless individuals, including limited access to costly, life-saving diagnostic and therapeutic measures. Similarly, hospitals should strengthen partnerships with community organizations and caregivers to improve outpatient preventive and post-discharge care for homeless individuals, whose competing social needs limit their ability to prioritize health care.

Regardless of the factors driving the disparities, we identify the differences in cardiovascular hospital care between homeless and non-homeless individuals as a matter of class and racial injustice. It is important for clinicians recognize the structural determinants that increase the risk of homelessness and mortality in Black individuals,[5] including housing discrimination, employment and wealth inequality, and criminal justice discrimination.[6] The goal of the health system in the United States is to

provide high-quality healthcare to all in need. Focusing efforts towards equitable care, particularly for the most vulnerable populations, must remain a priority.

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